

File Original and First Copy with  
Department of Ecology  
Second Copy—Owner's Copy  
Third Copy—Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No.

W-043557

32/3/29

Water Right Permit No.

(1) OWNER: Name SCOTT HERIGSTAD

Address P.O. Box 734 STANWOOD, Wa. 98292

(2) LOCATION OF WELL: County ISLAND

SW 1/4 SW 1/4 Sec. 29 T. 32 N., R. 35 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) SUNRISE BLVD. - CAMANO IS., Wa. 98292

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 252 feet. Depth of completed well 250 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: ☒ 6" Diam. from 6 ft. to 240 ft.  
Welded ☒ 6" Diam. from 6 ft. to 240 ft.  
Liner installed ☐ 6" Diam. from 6 ft. to 240 ft.  
Threaded ☐ 6" Diam. from 6 ft. to 240 ft.

Perforations: Yes ☐ No ☒  
Type of perforator used \_\_\_\_\_  
Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐  
Manufacturer's Name WESCO  
Type 2 1/2" STEEL Model No. \_\_\_\_\_  
Diam. 6 Slot size 10 from 240 ft. to 245 ft.  
Diam. 6 Slot size 12 from 245 ft. to 250 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 23 ft.  
Material used in seal BENTONITE  
Did any strata contain unusable water? Yes ☐ No ☒  
Type of water? \_\_\_\_\_ Depth of strata. \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name UNKNOWN  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation \_\_\_\_\_ ft.  
Static level 219 ft. below top of well Date 6/2/94  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☒ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level

Date of test \_\_\_\_\_

Ballist test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Airtest 15 gal./min. with stem set at 247 ft. for 1 hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
TDP SOIL	0	3
GRAY CLAY & GRAVEL	3	32
GRAY HARD PAN	32	147
GRAY CLAY	147	170
BROWN SAND	170	192
BROWN SANDY CLAY	192	223
BROWN SAND (FINE)	223	237
GRAY SAND (MED)	237	245
GRAY SAND & GRAVEL	245	252

RECEIVED

JUN 22 1994

DEPT. OF ECOLOGY

Work started 6/7/94 Completed 6/9/94

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WATKINS WELL DRILLING CO.  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 552 N SUNSET DR. CAMANO, Wa.

(Signed) Kyle Watkins License No. 0576  
(WELL DRILLER)

Contractor's Registration No. WATR. WD134P2 Date 6/20/94

(USE ADDITIONAL SHEETS IF NECESSARY)

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Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 252 feet. Depth of completed well 250 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: ☒ Welded ☐ 6" 3/8" Diam. from 13 ft. to 240 ft.  
Liner installed: ☐ Threaded ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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Type: \_\_\_\_\_ H.P. \_\_\_\_\_

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Static level 219 ft. below top of well Date 6/2/94

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" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Ball test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

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MATERIAL	FROM	TO
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GRAY CLAY	147	170
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BROWN SANDY CLAY	192	223
BROWN SAND (FINE)	223	237
GRAY SAND (MED)	237	245
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(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 556 N. SUNSET DR. CAMANO IS. WA.

(Signed) Kyle Workins License No. 0576  
(WELL DRILLER)

Contractor's Registration No. WATR.WD134P2 Date 6/20/94 1994

(USE ADDITIONAL SHEETS IF NECESSARY)





WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

Unique Well Tag No: ALQ 359

## RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Grace Court Water Last Name: System

Street Address: c/o Scott Harrigstad Po Box 734

City: Stanwood, WA State: WA 98282

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Parcel R33229-015-0320 Grace Court

City: Camano Island County: Island

T. 32 N. R. 3 E W.M. Sec. 29 SW 1/4 of the SW

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_ "

Longitude \_\_\_\_\_ "

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report. I Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" casing next to pump house  
(3' on west side)

Location of Well identification Tag:

Strapped to well casing

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

29 (N)

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One:

Application

Permit

Certificate

Claim

Exempt